Case 15-32838-KRH Doc 1 Filed 06/01/15 Entered 06/01/15 17:12:09 Desc Main Document Page 1 of 46

| B1 (Official Form 1)(04/13)  | )  |                              |                                 |  | Jannon  |                                      | .go <u>+</u> 0.                                       | 10  |  |   |   |                            |
|--|--|------------------------------|---------------------------------|--|---|--------------------------------------|---|---|--|---|---|----------------------------|
| United States Bankruptcy (<br>Eastern District of Virginia   |  |                              |                                 |  |   |                                      |   |   | Vol  | untary                                      | Petition  |                            |
| Name of Debtor (if individe Brown, Edith Karen   |  | r Last, First,               | Middle):                        |  |   | Name                                 | of Joint De   | ebtor (Spouse   | e) (Last, First                                  | , Middle):                                  |   |                            |
| All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):   |  |                              |                                 |  | All O   | ther Names<br>de married,            | used by the I maiden, and                             | Joint Debtor<br>trade names   | in the last 8                                    | 3 years                                     |   |                            |
| Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all)  xxx-xx-2639   |  |                              |                                 | Last 1   | Our digits o  | f Soc. Sec. or                       | r Individual-   | Гахрауег I.   | D. (ITIN) No                                     | ./Complete EIN                              |   |                            |
| Street Address of Debtor (No. and Street, City, and State):  1416 Tifton Ct. Richmond, VA  |  |                              |                                 | ZIP Cod  |   | Address of                           | Joint Debtor  | (No. and St   | reet, City, a                                    | nd State):                                  | ZIP Code  |                            |
|  |  |                              |                                 | 2  | 23224   | le                                   |   |   |  |   |   | ZIP Code                   |
| County of Residence or of t  | he Princ                                 | ipal Place of                | Business                        |  | .0227   | Coun                                 | ty of Reside  | ence or of the  | Principal Pla                                    | ace of Busin                                | ness:   |                            |
| Mailing Address of Debtor  | (if differ                               | ent from stre                | et address                      | s):  |   | Maili                                | ng Address  | of Joint Debt   | tor (if differe                                  | nt from stre                                | eet address):   |                            |
|  |  |                              |                                 | _  | ZIP Cod   | e                                    |   |   |  |   |   | ZIP Code                   |
| Location of Principal Assets<br>(if different from street addr   | s of Busi<br>ress abov                   | ness Debtor<br>/e):          |                                 |  |   |                                      |   |   |  |   |   |                            |
| Type of De   |  |                              |                                 | Nature o   |   | SS                                   |   | •   | -  |   | Under Whic  | h                          |
| (Form of Organization)  ■ Individual (includes Joir See Exhibit D on page 2 of  □ Corporation (includes L)  □ Partnership  □ Other (If debtor is not one check this box and state type)  | nt Debton this form. LC and I of the abo | rs) LLP) ove entities,       | Sing in 11 Rails Stoc           | th Care Bus<br>le Asset Rea<br>U.S.C. § 1<br>coad<br>kbroker<br>imodity Bro<br>ring Bank | al Estate a<br>01 (51B)                                 | as defined                           | Chapt Chapt Chapt Chapt Chapt Chapt                   | er 7<br>er 9<br>er 11<br>er 12                                      | of<br>C  | hapter 15 P<br>f a Foreign I<br>hapter 15 P | etition for Re<br>Main Proceed<br>etition for Re<br>Nonmain Pro | ding<br>ecognition         |
| Chapter 15 D   |  |                              | Othe                            |  | unt Entit   |                                      | 4   |   |  | e of Debts<br>k one box)                    |   |                            |
| Country of debtor's center of m<br>Each country in which a foreig<br>by, regarding, or against debtor  | n proceed                                | ling                         | under                           | Tax-Exer<br>(Check box,<br>or is a tax-exe<br>r Title 26 of t<br>(the Internal           | if applicatempt organ<br>the United                     | ole)<br>ization<br>States            | defined<br>"incurr                                    | are primarily contains 11 U.S.C. § red by an individual, family, or | onsumer debts,<br>§ 101(8) as<br>idual primarily | ,<br>, for                                  |   | are primarily<br>ss debts. |
| Filing   | Fee (Ch                                  | eck one box                  | )                               |  | Checl   | k one box:                           | 1   | Chap  | ter 11 Debt                                      | ors   |   |                            |
| Full Filing Fee attached  Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A.   |  |                              |                                 | Debtor is no<br>k if:<br>Debtor's agg<br>are less than<br>k all applicab<br>A plan is be | regate nonco<br>\$2,490,925 (le boxes:<br>ng filed with | amount subject                       | defined in 11 t<br>ated debts (exc<br>t to adjustment | U.S.C. § 101(cluding debts t on 4/01/16 d                           | 51D). s owed to inside and every three           | ers or affiliates)<br>years thereafter).    |   |                            |
| attach signed application fo   |  |                              | JII. BEE 31.                    |  | В.   П  |                                      |   | vere solicited pr<br>S.C. § 1126(b).                                |  | one or more                                 | e classes of cre  | litors,                    |
| Statistical/Administrative  ☐ Debtor estimates that fur ☐ Debtor estimates that, af there will be no funds as  | nds will<br>fter any e                   | be available<br>exempt prope | erty is exc                     | cluded and a   | administra  |                                      | es paid,  |   | THIS   | SPACE IS I                                  | FOR COURT U   | ISE ONLY                   |
| Estimated Number of Credit  1- 50- 10 49 99 19   | <br>)0-                                  | 200-                         | 1,000-<br>5,000                 | 5,001-<br>10,000   | 10,001-<br>25,000                                       | 25,001-<br>50,000                    | 50,001-<br>100,000                                    | OVER 100,000  |  |   |   |                            |
| \$50,000 \$100,000 \$50  | 00,001 to 00,000                         | \$500,001 to \$1             | 51,000,001<br>o \$10<br>nillion | \$10,000,001<br>to \$50<br>million   | \$50,000,000<br>to \$100<br>million                     | \$100,000,000<br>to \$500<br>million | \$500,000,001 to \$1 billion                          | More than \$1 billion   |  |   |   |                            |
| Estimated Liabilities  \$0 to \$\$50,001 to \$10,000 \$50.001 \$50.000 \$50.0 | 00,001 to<br>00,000                      | \$500,001 S<br>to \$1        | 31,000,001<br>o \$10<br>million | \$10,000,001<br>to \$50<br>million   | \$50,000,001<br>to \$100<br>million                     | \$100,000,00<br>to \$500<br>million  | \$500,000,001<br>to \$1 billion                       | More than \$1 billion   |  |   |   |                            |

Case 15-32838-KRH Doc 1 Filed 06/01/15 Entered 06/01/15 17:12:09 Desc Main Document Page 2 of 46

**B1** (Official Form 1)(04/13) Page 2 Name of Debtor(s): Voluntary Petition Brown, Edith Karen (This page must be completed and filed in every case) All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet) Case Number: Date Filed: Location Where Filed: - None -Location Case Number: Date Filed: Where Filed: Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet) Name of Debtor: Case Number: Date Filed: - None -District: Relationship: Judge: Exhibit B Exhibit A (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 under each such chapter. I further certify that I delivered to the debtor the notice and is requesting relief under chapter 11.) required by 11 U.S.C. §342(b). ☐ Exhibit A is attached and made a part of this petition. X /s/ Richard J. Oulton for America Law Gronep 1, 2015 Signature of Attorney for Debtor(s) Richard J. Oulton for America Law Group Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? Yes, and Exhibit C is attached and made a part of this petition. No. Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: ☐ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition. Information Regarding the Debtor - Venue (Check any applicable box) Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District. Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes) Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) (Name of landlord that obtained judgment) (Address of landlord) Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(1)).

B1 (Official Form 1)(04/13)

Document Page 3 of 46

#### **Voluntary Petition**

(This page must be completed and filed in every case)

#### Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

#### X /s/ Edith Karen Brown

Signature of Debtor Edith Karen Brown

 $\mathbf{X}$  .

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

June 1, 2015

Date

#### Signature of Attorney\*

#### X /s/ Richard J. Oulton for America Law Group

Signature of Attorney for Debtor(s)

#### Richard J. Oulton for America Law Group 29640

Printed Name of Attorney for Debtor(s)

America Law Group, Inc. dba Debt Law Group

Firm Name

America Law Group, Inc. dba Debt Law Group 8501 Mayland Dr., Ste 106 Henrico, VA 23294

Address

### scgattorney@gmail.com, 2debtlawgroup@gmail.com 804-308-0051 Fax: 804-308-0053

Telephone Number

June 1, 2015

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

#### Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Name of Debtor(s):

Brown, Edith Karen

#### Signatures

#### Signature of a Foreign Representative

Page 3

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

- ☐ I request relief in accordance with chapter 15 of title 11. United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.
- ☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

#### Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankrutpcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

| <b>T</b> |
|----------|
| v        |
|          |

Date

Address

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.

### Case 15-32838-KRH Doc 1 Filed 06/01/15 Entered 06/01/15 17:12:09 Desc Main Document Page 4 of 46

B 1D (Official Form 1, Exhibit D) (12/09)

#### United States Bankruptcy Court Eastern District of Virginia

| In re | Edith Karen Brown |           | Case No. |    |
|-------|-------------------|-----------|----------|----|
|       |                   | Debtor(s) | Chapter  | 13 |
|       |                   |           |          |    |

### EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency*.
- □ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*
- □ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.]

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: [Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]

Case 15-32838-KRH Doc 1 Filed 06/01/15 Entered 06/01/15 17:12:09 Desc Main Document Page 5 of 46

| B 1D (Official Form 1, Exhibit D) (12/09) - Cont.  | Page 2   |
|--|--|
| deficiency so as to be incapable of realizing a responsibilities.);  □ Disability. (Defined in 11 U.S.C. § | 109(h)(4) as impaired by reason of mental illness or mental nd making rational decisions with respect to financial 109(h)(4) as physically impaired to the extent of being in a credit counseling briefing in person, by telephone, or ombat zone. |
| ☐ 5. The United States trustee or bankruptcy requirement of 11 U.S.C. § 109(h) does not apply in           | administrator has determined that the credit counseling this district.   |
| I certify under penalty of perjury that the  | information provided above is true and correct.  |
| Signature of Debtor:   | /s/ Edith Karen Brown Edith Karen Brown  |
| Date: June 1, 2015   |  |

Case 15-32838-KRH Doc 1 Filed 06/01/15 Entered 06/01/15 17:12:09 Desc Main Document Page 6 of 46

B6 Summary (Official Form 6 - Summary) (12/14)

#### United States Bankruptcy Court Eastern District of Virginia

| In re | Edith Karen Brown |        | Case No |    |  |
|-------|-------------------|--------|---------|----|--|
| _     |                   | Debtor |         |    |  |
|       |                   |        | Chapter | 13 |  |
|       |                   |        | * -     | ·  |  |

#### SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE  | ATTACHED<br>(YES/NO) | NO. OF<br>SHEETS | ASSETS            | LIABILITIES | OTHER    |
|---|----------------------|------------------|-------------------|-------------|----------|
| A - Real Property   | Yes                  | 1                | 0.00              |             |          |
| B - Personal Property   | Yes                  | 3                | 6,212.67          |             |          |
| C - Property Claimed as Exempt  | Yes                  | 1                |                   |             |          |
| D - Creditors Holding Secured Claims  | Yes                  | 1                |                   | 0.00        |          |
| E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E) | Yes                  | 2                |                   | 1,460.90    |          |
| F - Creditors Holding Unsecured<br>Nonpriority Claims                           | Yes                  | 5                |                   | 26,795.77   |          |
| G - Executory Contracts and<br>Unexpired Leases                                 | Yes                  | 1                |                   |             |          |
| H - Codebtors   | Yes                  | 1                |                   |             |          |
| I - Current Income of Individual<br>Debtor(s)                                   | Yes                  | 3                |                   |             | 2,860.00 |
| J - Current Expenditures of Individual<br>Debtor(s)                             | Yes                  | 2                |                   |             | 2,552.00 |
| Total Number of Sheets of ALL Schedu  | ıles                 | 20               |                   |             |          |
|   | T                    | otal Assets      | 6,212.67          |             |          |
|   |                      |                  | Total Liabilities | 28,256.67   |          |

Case 15-32838-KRH Doc 1 Filed 06/01/15 Entered 06/01/15 17:12:09 Desc Main Document Page 7 of 46

B 6 Summary (Official Form 6 - Summary) (12/14)

#### United States Bankruptcy Court Eastern District of Virginia

| In re | Edith Karen Brown |        | Case No. |    |
|-------|-------------------|--------|----------|----|
| _     |                   | Debtor |          |    |
|       |                   |        | Chapter  | 13 |

#### STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C.§ 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C.  $\S$  159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

| Type of Liability   | Amount   |
|---|----------|
| Domestic Support Obligations (from Schedule E)  | 0.00     |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)  | 1,460.90 |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | 0.00     |
| Student Loan Obligations (from Schedule F)  | 0.00     |
| Domestic Support, Separation Agreement, and Divorce Decree<br>Obligations Not Reported on Schedule E                | 0.00     |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)                           | 0.00     |
| TOTAL   | 1,460.90 |

#### State the following:

| Average Income (from Schedule I, Line 12)  | 2,860.00 |
|--|----------|
| Average Expenses (from Schedule J, Line 22)  | 2,552.00 |
| Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14) | 3,758.31 |

#### State the following:

| Total from Schedule D, "UNSECURED PORTION, IF ANY" column                  |          | 0.00      |
|--|----------|-----------|
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column             | 1,460.90 |           |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column |          | 0.00      |
| 4. Total from Schedule F   |          | 26,795.77 |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4)               |          | 26,795.77 |

### Case 15-32838-KRH Doc 1 Filed 06/01/15 Entered 06/01/15 17:12:09 Desc Main Document Page 8 of 46

B6A (Official Form 6A) (12/07)

| In re | Edith Karen Brown |        | Case No. |  |
|-------|-------------------|--------|----------|--|
|       |                   | Debtor | •7       |  |

#### **SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property

Nature of Debtor's Interest in Property

Nature of Debtor's Interest in Property

Nature of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption

Current Value of Debtor's Interest in Property, without Deducting any Secured Claim

None

Sub-Total > **0.00** (Total of this page)

Total > **0.00** 

(Report also on Summary of Schedules)

Case 15-32838-KRH Doc 1 Filed 06/01/15 Entered 06/01/15 17:12:09 Desc Main Document Page 9 of 46

B6B (Official Form 6B) (12/07)

| In re | Edith Karen Brown | Case No. |  |
|-------|-------------------|----------|--|
| _     |                   | Debtor   |  |

#### SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

| Type of Property   | N<br>O<br>N<br>E | Description and Location of Property                           | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property<br>without Deducting any<br>Secured Claim or Exemption |
|--|------------------|--|---|--|
| n hand   | X                |  |   |  |
| ng, savings or other financial ts, certificates of deposit, or   | C                | Checking Account with Suntrust Bank                            | -   | 13.75  |
| in banks, savings and loan,<br>uilding and loan, and<br>ead associations, or credit<br>brokerage houses, or<br>atives. | S                | Savings Account with New Generation FCU                        | -   | 9.00   |
| y deposits with public<br>, telephone companies,<br>ds, and others.  | X                |  |   |  |
| nold goods and furnishings,<br>ng audio, video, and<br>er equipment.   |                  | Living room set, Bedroom set, Tables, Computer, DVD player, TV | -   | 485.00   |
| pictures and other art<br>, antiques, stamp, coin,<br>tape, compact disc, and<br>ollections or collectibles.           | A                | Assorted DVDs, framed prints, and family photos                | -   | 75.00  |
| g apparel.   | ٧                | Noman's personal wardrobe                                      | -   | 350.00   |
| d jewelry.   | ļ                | Assorted gold jewelry  | -   | 150.00   |
| ns and sports, photographic,<br>er hobby equipment.  | X                |  |   |  |
| s in insurance policies. nsurance company of each and itemize surrender or value of each.                              | X                |  |   |  |
| es. Itemize and name each  | X                |  |   |  |
|  |                  |  |   |  |

Sub-Total > 1,082.75
(Total of this page)

<sup>2</sup> continuation sheets attached to the Schedule of Personal Property

Case 15-32838-KRH Doc 1 Filed 06/01/15 Entered 06/01/15 17:12:09 Desc Main Document Page 10 of 46

B6B (Official Form 6B) (12/07) - Cont.

| In  | re Edith Karen Brown  |                  |   | Case No.                                    |   |
|-----|---|------------------|---|---|---|
|     |   |                  | Debtor ,                                      |   |   |
|     |   | SCHE             | DULE B - PERSONAL PROPER (Continuation Sheet) | RTY   |   |
|     | Type of Property  | N<br>O<br>N<br>E | Description and Location of Property          | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property,<br>without Deducting any<br>Secured Claim or Exemption |
| 11. | Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | x                |   |   |   |
| 12. | Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.   | Retir            | rement plan through Wells Fargo               | -   | 5,129.92  |
| 13. | Stock and interests in incorporated and unincorporated businesses. Itemize.   | X                |   |   |   |
| 14. | Interests in partnerships or joint ventures. Itemize.   | X                |   |   |   |
| 15. | Government and corporate bonds and other negotiable and nonnegotiable instruments.  | X                |   |   |   |
| 16. | Accounts receivable.  | X                |   |   |   |
| 17. | Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.  | X                |   |   |   |
| 18. | Other liquidated debts owed to debtor including tax refunds. Give particulars   |                  |   |   |   |
| 19. | Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.  | X                |   |   |   |
| 20. | Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.  | X                |   |   |   |
| 21. | Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.  | X                |   |   |   |
|     |   |                  |   | Sub-Tota                                    | al > 5,129.92   |

Sheet <u>1</u> of <u>2</u> continuation sheets attached to the Schedule of Personal Property

Sub-Total >

(Total of this page)

Case 15-32838-KRH Doc 1 Filed 06/01/15 Entered 06/01/15 17:12:09 Desc Main Document Page 11 of 46

B6B (Official Form 6B) (12/07) - Cont.

| In re | Edith Karen Brown | Case No. |
|-------|-------------------|----------|
|       |                   |          |

Debtor

#### **SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

|     | Type of Property  | N<br>O<br>N<br>E | Description and Location of Property | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property,<br>without Deducting any<br>Secured Claim or Exemption |
|-----|---|------------------|--------------------------------------|---|---|
| 22. | Patents, copyrights, and other intellectual property. Give particulars.   | X                |                                      |   |   |
| 23. | Licenses, franchises, and other general intangibles. Give particulars.  | X                |                                      |   |   |
| 24. | Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | X                |                                      |   |   |
| 25. | Automobiles, trucks, trailers, and other vehicles and accessories.  | X                |                                      |   |   |
| 26. | Boats, motors, and accessories.   | X                |                                      |   |   |
| 27. | Aircraft and accessories.   | X                |                                      |   |   |
| 28. | Office equipment, furnishings, and supplies.  | X                |                                      |   |   |
| 29. | Machinery, fixtures, equipment, and supplies used in business.  | X                |                                      |   |   |
| 30. | Inventory.  | X                |                                      |   |   |
| 31. | Animals.  | X                |                                      |   |   |
| 32. | Crops - growing or harvested. Give particulars.   | X                |                                      |   |   |
| 33. | Farming equipment and implements.   | X                |                                      |   |   |
| 34. | Farm supplies, chemicals, and feed.   | X                |                                      |   |   |
| 35. | Other personal property of any kind not already listed. Itemize.  | X                |                                      |   |   |

| Sub-Total > 0.00 (Total of this page) | Total > 6,212.67

Sheet **2** of **2** continuation sheets attached to the Schedule of Personal Property

(Report also on Summary of Schedules)

Case 15-32838-KRH Doc 1 Filed 06/01/15 Entered 06/01/15 17:12:09 Desc Main Document Page 12 of 46

B6C (Official Form 6C) (4/13)

| In re | Edith Karen Brown | Case No. |
|-------|-------------------|----------|
| -     |                   | Debtor , |

#### SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

| Debtor claims the exemptions to which debtor is entitled under: | ☐ Check if debtor claims a homestead exemption that exceeds                          |
|---|--|
| (Check one box)   | \$155,675. (Amount subject to adjustment on 4/1/16, and every three years thereafte. |
| ☐ 11 U.S.C. §522(b)(2)  | with respect to cases commenced on or after the date of adjustment.)                 |
| 11 H C C 8522(b)(2)   |  |

| Description of Property  | Specify Law Providing<br>Each Exemption          | Value of<br>Claimed<br>Exemption | Current Value of<br>Property Without<br>Deducting Exemption |
|--|--|----------------------------------|---|
| Checking, Savings, or Other Financial Accounts, C  | ertificates of Deposit                           |                                  |   |
| Checking Account with Suntrust Bank  | Va. Code Ann. § 34-4                             | 13.75                            | 13.75   |
| Savings Account with New Generation FCU  | Va. Code Ann. § 34-4                             | 9.00                             | 9.00  |
| Household Goods and Furnishings Living room set, Bedroom set, Tables, Computer, DVD player, TV     | Va. Code Ann. § 34-26(4a)                        | 485.00                           | 485.00  |
| Books, Pictures and Other Art Objects; Collectible Assorted DVDs, framed prints, and family photos | <u>s</u><br>Va. Code Ann. § 34-26(2)             | 5.00                             | 75.00   |
| Wearing Apparel Woman's personal wardrobe  | Va. Code Ann. § 34-26(4)                         | 350.00                           | 350.00  |
| Furs and Jewelry<br>Assorted gold jewelry  | Va. Code Ann. § 34-4                             | 150.00                           | 150.00  |
| Interests in IRA, ERISA, Keogh, or Other Pension of Retirement plan through Wells Fargo            | or Profit Sharing Plans<br>Va. Code Ann. § 34-34 | 5,129.92                         | 5,129.92  |

Total: 6,142.67 6,212.67

Case 15-32838-KRH Doc 1 Filed 06/01/15 Entered 06/01/15 17:12:09 Desc Main Document Page 13 of 46

B6D (Official Form 6D) (12/07)

| In re | Edith Karen Brown |        | Case No. |  |
|-------|-------------------|--------|----------|--|
| •     |                   | Debtor | _,       |  |

#### SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Contingent". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| Check this box if debtor has no creditors hold   | ing      | secu     | ared claims to report on this Schedule D.  |            |            |                     |   |                                 |
|--|----------|----------|--|------------|------------|---------------------|---|---------------------------------|
| CDEDITORIS NAME  |          |          | C Husband, Wife, Joint, or Community C U   |            |            | P                   | AMOUNT OF   |                                 |
| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | H W J C  | DATE CLAIM WAS INCURRED,<br>NATURE OF LIEN, AND<br>DESCRIPTION AND VALUE<br>OF PROPERTY<br>SUBJECT TO LIEN | COXF_XGEXF | - 1        | D I S P U T E D     | CLAIM<br>WITHOUT<br>DEDUCTING<br>VALUE OF<br>COLLATERAL | UNSECURED<br>PORTION, IF<br>ANY |
| Account No.  |          |          |  | Т          | D A T E D  |                     |   |                                 |
|  |          |          | Value \$   |            | D          |                     |   |                                 |
| Account No.  |          |          |  |            |            | П                   |   |                                 |
|  |          |          | Value \$   |            |            |                     |   |                                 |
| Account No.  |          |          |  |            |            | П                   |   |                                 |
|  |          |          | Value \$   |            |            |                     |   |                                 |
| Account No.  |          |          |  |            |            |                     |   |                                 |
|  |          |          | Value ¢  |            |            | $  \  $             |   |                                 |
|  | <u></u>  | <u> </u> | Value \$   | ubte       | ota        | $\frac{\square}{1}$ |   |                                 |
| continuation sheets attached   |          |          | (Total of th   |            |            | - 1                 |   |                                 |
|  |          |          | (Report on Summary of Sci  |            | ota<br>ule | - 1                 | 0.00  | 0.00                            |
|  |          |          |  |            |            |                     |   |                                 |

Case 15-32838-KRH Doc 1 Filed 06/01/15 Entered 06/01/15 17:12:09 Desc Main Document Page 14 of 46

B6E (Official Form 6E) (4/13)

| In re | Edith Karen Brown | Case No. |  |
|-------|-------------------|----------|--|
| -     |                   | ,        |  |
|       |                   | Debtor   |  |

#### SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate eled

| schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Subtotals" on each sheet. Report the total of claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules. |
|--|
| Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priorit listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.   |
| Report the total of amounts <u>not</u> entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled t priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.  |
| ☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.  |
| TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)  |
| ☐ Domestic support obligations   |
| Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).  |
| ☐ Extensions of credit in an involuntary case  |
| Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of trustee or the order for relief. 11 U.S.C. § 507(a)(3).  |
| ☐ Wages, salaries, and commissions   |
| Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sale representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).  |
| ☐ Contributions to employee benefit plans  |
| Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).  |
| ☐ Certain farmers and fishermen  |
| Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).   |
| ☐ Deposits by individuals  |
| Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).   |
| ■ Taxes and certain other debts owed to governmental units   |
| Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).  |
| ☐ Commitments to maintain the capital of an insured depository institution   |
| Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federa Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).  |
| ☐ Claims for death or personal injury while debtor was intoxicated   |
| Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).   |
|  |

<sup>\*</sup> Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Case 15-32838-KRH Doc 1 Filed 06/01/15 Entered 06/01/15 17:12:09 Desc Main Document Page 15 of 46

B6E (Official Form 6E) (4/13) - Cont.

| In re | Edith Karen Brown | Case No     |
|-------|-------------------|-------------|
| _     |                   | ,<br>Debtor |

#### SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Taxes and Certain Other Debts Owed to Governmental Units

TYPE OF PRIORITY Husband, Wife, Joint, or Community UNLIQUIDATED AMOUNT NOT ENTITLED TO PRIORITY, IF ANY CREDITOR'S NAME, ODEBTOR ONTINGENT S P U T E D AND MAILING ADDRESS Н DATE CLAIM WAS INCURRED AMOUNT W INCLUDING ZIP CODE, AND CONSIDERATION FOR CLAIM OF CLAIM AMOUNT ENTITLED TO PRIORITY C AND ACCOUNT NUMBER (See instructions.) 2009, 2013 Account No. 2639 **Federal Income Tax Internal Revenue Service** 0.00 **Insolvency Unit** PO Box 7346 Philadelphia, PA 19101-7346 1,460.90 1,460.90 Account No. Account No. Account No. Account No. Subtotal 0.00 Sheet <u>1</u> of <u>1</u> continuation sheets attached to (Total of this page) Schedule of Creditors Holding Unsecured Priority Claims 1,460.90 1,460.90 Total 0.00 (Report on Summary of Schedules) 1,460.90 1,460.90

Case 15-32838-KRH Doc 1 Filed 06/01/15 Entered 06/01/15 17:12:09 Desc Main Document Page 16 of 46

| R6F    | Official | Form | 6F)  | (12/07) |
|--------|----------|------|------|---------|
| DOL: 0 | Official | TUHI | OI.) | (12/07  |

| In re | Edith Karen Brown | Case No. |  |
|-------|-------------------|----------|--|
|       |                   | Debtor   |  |

#### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

| Check this box is debtor has no creditors nothing unsecure   | Ju C    | 14111            | is to report on this senedule 1.  |                       |        |        |   |                 |
|--|---------|------------------|---|-----------------------|--------|--------|---|-----------------|
| CREDITOR'S NAME,   | C       | Hu               | sband, Wife, Joint, or Community  | C<br>O                | U<br>N | D      | 7 |                 |
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)                         | ODEBTOR | C<br>A<br>A<br>H | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | N<br>T<br>I<br>N<br>G | -co-   | SPUTED | 3 | AMOUNT OF CLAIM |
| Account No. xxxxxxxxxxx0000  |         |                  | Opened 5/01/12  | T                     | T      |        | Ī |                 |
|  | ı       |                  | re: Se Emergency Physicians   |                       | E      |        |   |                 |
| Account Resolution Services<br>1643 Harrison Pkwy Ste 1<br>Sunrise, FL 33323                             |         | -                |   |                       |        |        |   |                 |
|  |         |                  |   |                       |        |        |   | 350.00          |
| Account No. xxxxxxxxxx4880   |         |                  | re: Laboratory Corp Of America  |                       |        |        | T |                 |
| Amca<br>2269 S Saw Mill<br>Elmsford, NY 10523  |         | -                |   |                       |        |        |   |                 |
|  |         |                  |   |                       |        |        |   | 131.00          |
| Account No. xxxxxxxxxxx0000  |         |                  | Opened 5/01/12  |                       |        |        |   |                 |
| Ars /Account Resolution Services<br>1643 Harrison Pkwy Ste 1<br>Sunrise, FL 33323                        |         | -                | Collection Attorney Se Emergency Physicians   |                       |        |        |   |                 |
|  |         |                  |   |                       |        |        |   | 232.00          |
| Account No. xxxxxxxxxxx0000  Ars /Account Resolution Services 1643 Harrison Pkwy Ste 1 Sunrise, FL 33323 |         | _                | Opened 2/01/11<br>Collection Attorney Se Emergency Physicians                                       |                       |        |        |   |                 |
|  |         |                  |   |                       |        |        |   | 210.00          |
|  |         |                  | S<br>(Total of th   | ubto                  |        |        | ) | 923.00          |

Case 15-32838-KRH Doc 1 Filed 06/01/15 Entered 06/01/15 17:12:09 Desc Main Document Page 17 of 46

B6F (Official Form 6F) (12/07) - Cont.

| In re | Edith Karen Brown | Case No |  |
|-------|-------------------|---------|--|
| _     |                   | Debtor  |  |

|  | С        | Ни     | sband, Wife, Joint, or Community                              | C                | U                     | D           |                 |
|--|----------|--------|---|------------------|-----------------------|-------------|-----------------|
| CREDITOR'S NAME,<br>MAILING ADDRESS                | CODEBTOR | <br> H |   | O N T            | Ň                     | I<br>S<br>P |                 |
| INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER          | B        | W      | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM | - 1              | l Q                   | U<br>T      | AMOUNT OF CLAIM |
| (See instructions above.)                          | O<br>R   | c      | IS SUBJECT TO SETOFF, SO STATE.                               | N<br>G<br>E<br>N | 1                     | Ė           | AMOUNT OF CLAIM |
| Account No. xxxxxxxxxxxxx0000                      | ┢        |        | Opened 7/01/12  | $ \frac{N}{T}$   | D<br>A<br>T<br>E<br>D |             |                 |
|  | l        |        | re: Se Emergency Physicians                                   |                  | Ď                     |             |                 |
| Ars /Account Resolution Svcs                       |          |        |   |                  |                       |             |                 |
| 1643 Harrison Pkwy Ste 1<br>Sunrise, FL 33323      |          | -      |   |                  |                       |             |                 |
| Sumse, FL 33323                                    |          |        |   |                  |                       |             |                 |
|  |          |        |   |                  |                       |             | 232.00          |
| Account No. xxx2859                                |          |        | Opened 11/01/09   |                  |                       |             |                 |
|  | 1        |        | re: Durham County Emer Med Svc                                |                  |                       |             |                 |
| Bullcity Financial Sol                             |          | _      |   |                  |                       |             |                 |
| 1107 W Main St Ste 201<br>Durham, NC 27701         |          | -      |   |                  |                       |             |                 |
| Januari, 110 2110                                  |          |        |   |                  |                       |             |                 |
|  |          |        |   |                  |                       |             | 543.00          |
| Account No. xxxxxx7166                             |          |        | Opened 5/01/11  |                  |                       |             |                 |
|  |          |        | re: Emergency Physicians Of Tidewa                            |                  |                       |             |                 |
| Credit Control Corp<br>11821 Rock Landing Dr       |          | l_     |   |                  |                       |             |                 |
| Newport News, VA 23606                             |          |        |   |                  |                       |             |                 |
|  |          |        |   |                  |                       |             |                 |
|  |          |        |   |                  |                       |             | 189.00          |
| Account No. xxxxxx3079                             |          |        | Opened 5/01/11  |                  |                       |             |                 |
|  |          |        | re: Medical Center Radiology                                  |                  |                       |             |                 |
| Credit Control Corp<br>11821 Rock Landing Dr       |          | l_     |   |                  |                       |             |                 |
| re: Medical Center Radiology                       |          |        |   |                  |                       |             |                 |
| Newport News, VA 23606                             |          |        |   |                  |                       |             |                 |
|  |          |        |   |                  |                       |             | 102.00          |
| Account No. xxxxxxxxxxxxx2246                      |          |        | Opened 11/01/12   |                  |                       |             |                 |
| F  |          |        | re: Comcast Cable Communications                              |                  |                       |             |                 |
| Eastern Account System INC. Attn: Bankruptcy Dept. |          | _      |   |                  |                       |             |                 |
| PO Box 837   |          |        |   |                  |                       |             |                 |
| Newtown, CT 06470                                  |          |        |   |                  |                       |             |                 |
|  |          |        |   |                  |                       |             | 121.00          |
| Sheet no. 1 of 4 sheets attached to Schedule of    |          |        |   | Sub              |                       |             | 1,187.00        |
| Creditors Holding Unsecured Nonpriority Claims     |          |        | (Total of   | this             | pag                   | ge)         | 1,107.00        |

Case 15-32838-KRH Doc 1 Filed 06/01/15 Entered 06/01/15 17:12:09 Desc Main Document Page 18 of 46

B6F (Official Form 6F) (12/07) - Cont.

| In re | Edith Karen Brown | Case No |  |
|-------|-------------------|---------|--|
| _     |                   | Debtor  |  |

|   |          |            |                                     |            | _            |        |                 |
|---|----------|------------|-------------------------------------|------------|--------------|--------|-----------------|
| CREDITOR'S NAME,  | C        | Hu         | sband, Wife, Joint, or Community    | ļç         | U            | D<br>I |                 |
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)                    | CODEBTOR | J C<br>H W |                                     | CONTINGENT | UNLIQUIDATED | T E    | AMOUNT OF CLAIM |
| Account No. xxxxxxxxxxxxx0834   |          |            | Opened 10/01/09 Last Active 2/26/10 | ⊤[         | T<br>E       |        |                 |
| First Premier Bank<br>3820 N Louise Ave<br>Sioux Falls, SD 57107                                    |          | -          | Credit Card                         |            | D            |        | 430.00          |
| Account No. x2982   |          |            | Opened 10/01/11                     |            |              |        |                 |
| Focus Recovery Solutions<br>Attn: Bankruptcy<br>9701 Metropolitan Court Ste B<br>Richmond, VA 23236 |          | -          | re: Mri-Ct Diagnostics              |            |              |        | 494.00          |
| Account No. xx0842  | Ħ        |            | Opened 12/01/14                     |            |              |        |                 |
| Focus Recovery Solutions<br>Attn: Bankruptcy<br>9701 Metropolitan Court Ste B<br>Richmond, VA 23236 |          | -          | re: Neurological Associates Inc     |            |              |        | 170.00          |
| Account No. xxxxxxxxxxxx4558  |          |            | Opened 4/01/14                      |            |              |        |                 |
| Fredericksburg Credit Bureau<br>10506 Wakeman Dr<br>Fredericksburg, VA 22407                        |          | -          | re: Radiology/Richmond              |            |              |        | 87.00           |
| Account No. xxxx8686  | T        | T          | 10/17/13                            |            |              |        |                 |
| LCA Collections<br>PO Box 2240<br>Burlington, NC 27216-2240   |          | -          | Medical                             |            |              |        | 131.00          |
| Sheet no. 2 of 4 sheets attached to Schedule of   |          |            |                                     | Subt       | ota          | ıl     | 1 212 00        |
| Creditors Holding Unsecured Nonpriority Claims  |          |            | (Total of t                         | his        | pag          | ge)    | 1,312.00        |

Case 15-32838-KRH Doc 1 Filed 06/01/15 Entered 06/01/15 17:12:09 Desc Main Document Page 19 of 46

B6F (Official Form 6F) (12/07) - Cont.

| In re | Edith Karen Brown | Case No |  |
|-------|-------------------|---------|--|
| _     |                   | Debtor  |  |

|   | С         | Гни              | sband, Wife, Joint, or Community  | I c       | U             | D           |                 |
|---|-----------|------------------|---|-----------|---------------|-------------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | ODEBTOR   | H<br>W<br>J<br>C | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGEN | L<br>Q<br>U   | I S P U T F | AMOUNT OF CLAIM |
| Account No. xxxxxxxx50-00   |           |                  | 2015  | ٦т        | T<br>E<br>D   |             |                 |
| Michael Wayne Investment<br>Legal Department<br>2900 Sabre St. Ste 75<br>Virginia Beach, VA 23452 |           | -                | Judgment Pending in Virginia Beach GDC  |           |               |             | 7,839.02        |
| Account No. xxxxxxxxxxx5949   | ✝         |                  | Opened 4/01/08 Last Active 6/20/12  |           | $\frac{1}{1}$ |             |                 |
| Navy Federal Cr Union<br>PO Box 3700<br>Merrifield, VA 22119                                      |           | _                | Credit Card   |           |               |             | 2,118.00        |
| Account No. xxxxxxxxxxxx0001  | t         |                  | Opened 2/27/10 Last Active 5/30/13  | +         | $\frac{1}{1}$ | $\perp$     |                 |
| Nissan Motor Acceptanc<br>P.O. Box 660366<br>Dallas, TX 75266                                     | _         | -                | Deficiency balance  |           |               |             | 12,046.00       |
| Account No. x*xx7122  | ╁         |                  | 10/17/13  |           |               |             |                 |
| Patient First<br>PO Box 758941<br>Baltimore, MD 21275   |           | -                | Medical   |           |               |             | 127.89          |
| Account No. xxxxxxxxxxxx5672  | $\dagger$ |                  | Opened 5/01/14  | +         | $\dagger$     |             |                 |
| Receivable Management<br>7206 Hull Street Rd Ste<br>North Chesterfield, VA 23235                  |           | _                | re: Patient First   |           |               |             | 177.00          |
| Sheet no. 3 of 4 sheets attached to Schedule of   |           |                  |   | Sub       | tots          | <br>a1      |                 |
| Creditors Holding Unsecured Nonpriority Claims  |           |                  | (Total of   |           |               |             | 22,307.91       |

Case 15-32838-KRH Doc 1 Filed 06/01/15 Entered 06/01/15 17:12:09 Desc Main Document Page 20 of 46

B6F (Official Form 6F) (12/07) - Cont.

| In re | Edith Karen Brown | Case No. |  |
|-------|-------------------|----------|--|
| _     |                   | Debtor   |  |

|   |                 |             |   | _            |                  | _        |                 |
|---|-----------------|-------------|---|--------------|------------------|----------|-----------------|
| CREDITOR'S NAME,  | C               | Hu          | sband, Wife, Joint, or Community  | CO           | U                | P        |                 |
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)                                    | C O D E B T O R | C<br>N<br>H | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | NT I NG E NT | Ι'n              | DISPUTED | AMOUNT OF CLAIM |
| Account No. xxx-xx-2639   |                 |             | 10/16/2013  | Т            | A<br>T<br>E<br>D |          |                 |
| Skipwith Road Emergency Phys<br>1602 Skipwith Rd<br>Henrico, VA 23229   |                 | -           | Medical   |              | D                |          | 131.43          |
| Account No. xxxxx2.002  | T               | H           | 3/2015  | $\dagger$    | T                | T        |                 |
| Sykes, Bourdon, Ahern & Levy<br>281 Independence Blvd<br>Pembroke 1 Building, 5th Floor<br>Virginia Beach, VA 23462 |                 | -           | re: NRHA t/a Oakmont North Apartments   |              |                  |          |                 |
|   |                 |             |   |              |                  |          | 685.43          |
| Account No. xxxxx2151   |                 |             | Opened 7/01/13 Last Active 11/13/13   |              |                  |          |                 |
| Verizon<br>500 Technology Dr Ste 30<br>Weldon Spring, MO 63304  |                 | -           | Utility   |              |                  |          |                 |
|   | l               |             |   |              |                  |          | 249.00          |
| Account No.   | $\dagger$       |             |   |              |                  |          |                 |
|   |                 |             |   |              |                  |          |                 |
| Account No.   |                 |             |   |              |                  |          |                 |
|   |                 |             |   |              |                  |          |                 |
| Sheet no4 of _4 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims                       |                 |             | (Total of t   | Sub<br>this  |                  |          | 1,065.86        |
|   |                 |             |   |              | Γota             |          |                 |
|   |                 |             | (Report on Summary of So  |              |                  |          | 26,795.77       |

Case 15-32838-KRH Doc 1 Filed 06/01/15 Entered 06/01/15 17:12:09 Desc Main Document Page 21 of 46

B6G (Official Form 6G) (12/07)

| In re | Edith Karen Brown | Case No. |  |
|-------|-------------------|----------|--|
|       |                   | Dehtor   |  |

#### SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.

Cable. Debtor intends to honor current contract.

Dish Network 260 W 26th Ave Ste 380-C Denver, CO 80211

Drive Time 9301 Midlothian Tnpk Richmond, VA 23235

Seminole Trail Management Southwood Apartments 4602 Southwood Pkwy Richmond, VA 23224 Vehicle lease. Debtor intends to honor current lease agreement.

Residential. Debtor intends to honor current lease.

Case 15-32838-KRH Doc 1 Filed 06/01/15 Entered 06/01/15 17:12:09 Desc Main Document Page 22 of 46

B6H (Official Form 6H) (12/07)

| In re | Edith Karen Brown | Case No. |  |
|-------|-------------------|----------|--|
| _     |                   | Debtor   |  |

#### **SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

# Case 15-32838-KRH Doc 1 Filed 06/01/15 Entered 06/01/15 17:12:09 Desc Main Document Page 23 of 46

| Fill                | in this information to identify your o   | case:  |   |                   |                  |                |                     |                         |                             |                   |
|---------------------|--|--|---|-------------------|------------------|----------------|---------------------|-------------------------|-----------------------------|-------------------|
|                     | otor 1 Edith Karer   |  |   |                   |                  |                |                     |                         |                             |                   |
|                     | otor 2   |  |   |                   | _                |                |                     |                         |                             |                   |
| Uni                 | ted States Bankruptcy Court for the  | e: EASTERN DISTRICT  | OF VIRGINIA                                       |                   | _                |                |                     |                         |                             |                   |
|                     | se number<br>own)  |  | -   |                   |                  |                | amende<br>ippleme   | d filing<br>ent showin  | ng post-petitio             | •                 |
| Of                  | fficial Form B 6I  |  |   |                   |                  |                | / DD/ Y             |                         | ollowing date.              |                   |
| So                  | chedule I: Your Inc  | ome  |   |                   |                  | IVIIVI         | <i>,</i> DD, 1      |                         |                             | 12/13             |
| sup<br>spo<br>atta  | is complete and accurate as posphying correct information. If you use. If you are separated and you ch a separate sheet to this form.  Describe Employment | i are married and not fili<br>ur spouse is not filing w<br>On the top of any addit | ing jointly, and your s<br>ith you, do not includ | spouse<br>de info | is livi<br>matio | ng with you    | ou, incl<br>our spo | ude infor<br>ouse. If m | mation abou<br>ore space is | t your<br>needed, |
| 1.                  | Fill in your employment information.   |  | Debtor 1  |                   |                  | D              | ebtor 2             | or non-fi               | iling spouse                |                   |
|                     | If you have more than one job,   | Employment status  | ■ Employed  |                   |                  |                | <b>]</b> Emplo      | yed                     |                             |                   |
|                     | attach a separate page with information about additional   | Employment status  | ☐ Not employed                                    |                   |                  | ☐ Not employed |                     |                         |                             |                   |
|                     | employers.   | Occupation   | Sales Rep   |                   |                  |                |                     |                         |                             |                   |
|                     | Include part-time, seasonal, or self-employed work.  | Employer's name  | Wells Fargo Ban                                   | ık                |                  |                |                     |                         |                             |                   |
|                     | Occupation may include student or homemaker, if it applies.  | Employer's address   | 4340 Inns Lake I<br>Glen Allen, VA                | Or.               |                  |                |                     |                         |                             |                   |
|                     |  | How long employed t  | here? <u>3 years</u>                              |                   |                  |                |                     |                         |                             |                   |
| Par                 | t 2: Give Details About Mo   | nthly Income   |   |                   |                  |                |                     |                         |                             |                   |
| <b>Esti</b><br>spou | mate monthly income as of the case unless you are separated.  u or your non-filing spouse have me space, attach a separate sheet to                        | date you file this form. If  |   |                   | emplo            |                | at perso            | on on the               |                             | -                 |
| 2.                  | List monthly gross wages, sala deductions). If not paid monthly,   |  |   | 2.                | \$_              | 3,71           | 16.00               | \$                      | N/A                         |                   |
| 3.                  | Estimate and list monthly over   | time pay.  |   | 3.                | +\$_             |                | 1.00                | +\$                     | N/A                         |                   |
| 4.                  | Calculate gross Income. Add li   | ne 2 + line 3.   |   | 4.                | \$_              | 3,717.         | 00                  | \$                      | N/A                         |                   |

| Debtor 1                               | Edith Karen Brown   | -                 | Case r   | number ( <i>if known</i> )                           |                               |  |                |
|--|---|-------------------|--|--|-------------------------------|--|----------------|
|  |   |                   | For  | Debtor 1   |                               | btor 2 or                              |                |
| C                                      | opy line 4 here   | 4.                | \$   | 3,717.00   | \$                            | ing spouse<br>N/A                      |                |
|  |   |                   | _  | 5,717.00   | <u> </u>                      | IVA                                    |                |
|  | st all payroll deductions:  | _                 | •  |  | •                             |  |                |
| 58                                     | ·   | 5a.               | \$   | 475.00   | \$                            | N/A                                    |                |
| 5k                                     | ·   | 5b.               | \$   | 186.00   | \$                            | N/A                                    |                |
| 50<br>50                               | ·   | 5c.<br>5d.        | \$<br>\$   | 39.00<br>0.00  | \$<br>\$                      | N/A<br>N/A                             |                |
| 5e                                     | • • •   | 5u.<br>5e.        | \$   | 57.00  | \$                            | N/A<br>N/A                             |                |
| 5f                                     |   | 5f.               | \$   | 0.00   | \$                            | N/A                                    |                |
| 50                                     |   | 5g.               | \$   | 0.00   | \$                            | N/A                                    |                |
| 5h                                     |   | 5h.+              | \$   | 13.00  | + \$                          | N/A                                    |                |
|  | Vis   | _                 | \$   | 4.00   | \$                            | N/A                                    |                |
|  | Retirement Loan 1   |                   | \$   | 9.00   | \$                            | N/A                                    |                |
|  | Retirement Loan 2   | _                 | \$   | 43.00  | \$                            | N/A                                    |                |
|  | Retirement catch-up   | _                 | \$   | 4.00   | \$                            | N/A                                    |                |
|  | Legal fees  | _                 | \$   | 12.00  | \$                            | N/A                                    |                |
|  | Life AD&D   | _                 | \$<br>\$   | 8.00<br>2.00   | \$                            | N/A<br>N/A                             |                |
|  | LTD   | _                 | \$<br>   | 5.00   | \$                            | N/A                                    |                |
| 6. <b>A</b>                            | dd the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | <b>–</b><br>6.    | \$<br>_  | 857.00   | \$                            | N/A                                    |                |
|  | alculate total monthly take-home pay. Subtract line 6 from line 4.  | 7.                | \$   | 2,860.00   | \$                            | N/A                                    |                |
| 86<br>86<br>86<br>86<br>87<br>86<br>86 | profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income | 8c.<br>8d.<br>8e. | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | 0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00 | \$\$<br>\$\$\$<br>\$\$\$<br>+ | N/A<br>N/A<br>N/A<br>N/A<br>N/A<br>N/A |                |
|  | <u> </u>  |                   |  |  |                               |  |                |
|  | •   | 10.   \$          |  | 2,860.00 + \$_                                       |                               | N/A = \$2                              | 2,860.00       |
|  | dd the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   |                   |  |  |                               |  |                |
| In<br>ot<br>De                         | tate all other regular contributions to the expenses that you list in Schedule clude contributions from an unmarried partner, members of your household, your her friends or relatives. In not include any amounts already included in lines 2-10 or amounts that are not pecify:   | depen             | •  |  | ,                             | nedule J.<br>11. +\$                   | 0.00           |
| W                                      | dd the amount in the last column of line 10 to the amount in line 11. The restrict that amount on the Summary of Schedules and Statistical Summary of Certapplies   |                   |  |  |                               | 12. \$ <b>2</b>                        | 2,860.00<br>ed |

monthly income

# Case 15-32838-KRH Doc 1 Filed 06/01/15 Entered 06/01/15 17:12:09 Desc Main Document Page 25 of 46

| Debtor 1        | Edith Karen Br            | own  | Case number (if known) |  |
|-----------------|---------------------------|--|------------------------|--|
| 13. <b>Do</b> 1 | you expect an incr<br>No. | ease or decrease within the year after you file this form? |                        |  |
|                 | Yes. Explain:             |  |                        |  |

# Case 15-32838-KRH Doc 1 Filed 06/01/15 Entered 06/01/15 17:12:09 Desc Main Document Page 26 of 46

| Fill in this inf            | formation to identify y                         | our case:                    |  |  |         |                      |                               |     |
|-----------------------------|---|------------------------------|--|--|---------|----------------------|-------------------------------|-----|
| Debtor 1                    | Edith Karen                                     | Brown                        |  |  | Ch      | eck if this is:      |                               |     |
|                             |   |                              |  |  |         | An amended filing    |                               |     |
| Debtor 2                    |   |                              |  |  |         |                      | ving post-petition chapte     | er  |
| (Spouse, if filir           | ng)   |                              |  |  |         | 13 expenses as of    | the following date:           |     |
| United States               | Bankruptcy Court for the                        | EASTER                       | N DISTRICT OF VIRGIN                                       | IA   |         | MM / DD / YYYY       |                               |     |
| Case number                 |   |                              |  |  | П       | A separate filing to | r Debtor 2 because Deb        | tor |
| (If known)                  |   |                              |  |  |         | 2 maintains a sepa   |                               | loi |
| Official                    | Form B 6J                                       |                              |  |  |         |                      |                               |     |
|                             |   | <b>-</b>                     |  |  |         |                      |                               |     |
|                             | ule J: Your                                     |                              |  |  |         |                      |                               | /13 |
| information<br>number (if I | n. If more space is n<br>known). Answer eve     | eeded, attac<br>ery question | If two married people ar<br>ch another sheet to this       |  |         |                      |                               |     |
|                             | Describe Your Hous<br>a joint case?             | <u>ehold</u>                 |  |  |         |                      |                               |     |
| _                           |   |                              |  |  |         |                      |                               |     |
|                             | Go to line 2.                                   | •                            | ( -  |  |         |                      |                               |     |
|                             | Does Debtor 2 live                              | ın a separa                  | te nousenoid?  |  |         |                      |                               |     |
|                             | ☐ No☐ Yes. Debtor 2 mu                          | ust file a sepa              | arate Schedule J.  |  |         |                      |                               |     |
| 2. Do you                   | ı have dependents?                              | ■ No                         |  |  |         |                      |                               |     |
| Do not<br>and De            | list Debtor 1<br>ebtor 2.                       | <b>—</b> 1 <del>C</del> 3.   | Fill out this information for each dependent               | Dependent's relation<br>Debtor 1 or Debtor 2 | ship to | Dependent's age      | Does dependent live with you? |     |
| Do not                      | state the                                       |                              |  |  |         |                      | □ No                          |     |
| depend                      | dents' names.                                   |                              |  |  |         |                      | ☐ Yes                         |     |
|                             |   |                              |  |  |         |                      | □ No                          |     |
|                             |   |                              |  |  |         |                      | ☐ Yes                         |     |
|                             |   |                              |  |  |         |                      | □ No                          |     |
|                             |   |                              |  |  |         |                      | ☐ Yes                         |     |
|                             |   |                              |  |  |         |                      | □ No                          |     |
| 3. Do vou                   | ır expenses include                             | _                            |  |  |         |                      | ☐ Yes                         |     |
|                             | ses of people other                             | than 💳 '                     | · · ·  |  |         |                      |                               |     |
|                             | elf and your depende                            |                              | Yes  |  |         |                      |                               |     |
| David O.                    |   | :                            | . <b>5</b>   |  |         |                      |                               |     |
| Estimate yo                 | s of a date after the                           | our bankru                   | ptcy filing date unless y<br>is filed. If this is a supp   |  |         |                      |                               |     |
|                             |   |                              |  |  |         |                      |                               |     |
|                             | f such assistance ar                            |                              | overnment assistance i<br>luded it on <i>Schedule I:</i> \ |  |         | Your exp             | enses                         |     |
| (Omoiai i oi                | ,   |                              |  |  |         | •                    |                               |     |
|                             | ntal or home owners<br>nts and any rent for the |                              | ses for your residence. In<br>lot.                         | nclude first mortgage                        | 4.      | \$                   | 770.00                        |     |
| If not in                   | ncluded in line 4:                              |                              |  |  |         |                      |                               |     |
| 4a. F                       | Real estate taxes                               |                              |  |  | 4a.     | \$                   | 0.00                          |     |
|                             | Property, homeowner                             | 's, or renter's              | s insurance  |  | 4b.     |                      | 20.00                         |     |
|                             | Home maintenance, r                             |                              |  |  | 4c.     | \$                   | 30.00                         |     |
|                             | Homeowner's associa                             |                              |  |  | 4d.     |                      | 0.00                          |     |
| 5. Addition                 | onal mortgage paym                              | ents for you                 | ur residence, such as ho                                   | me equity loans                              | 5.      | \$                   | 0.00                          |     |

# Case 15-32838-KRH Doc 1 Filed 06/01/15 Entered 06/01/15 17:12:09 Desc Main Document Page 27 of 46

| Deb | tor 1            | Edith Ka                       | ren Brown  | case num        | ber (if known) |                          |
|-----|------------------|--------------------------------|--|-----------------|----------------|--------------------------|
| 6.  | Utiliti          | ies:                           |  |                 |                |                          |
| ٥.  | 6a.              |                                | , heat, natural gas  | 6a.             | \$             | 200.00                   |
|     | 6b.              |                                | wer, garbage collection  | 6b.             | \$             | 50.00                    |
|     | 6c.              |                                | e, cell phone, Internet, satellite, and cable services   | 6c.             | \$             | 120.00                   |
|     | 6d.              | Other. Spe                     |  | 6d.             | \$             | 0.00                     |
| 7.  | Food             |                                | ekeeping supplies  | <del>-</del> 7. | \$             | 200.00                   |
| 8.  |                  |                                | children's education costs   | 8.              | \$             | 0.00                     |
| 9.  | Cloth            | ning, laund                    | ry, and dry cleaning   | 9.              | \$             | 115.00                   |
| 10. |                  |                                | products and services  | 10.             | \$             | 75.00                    |
|     |                  | -                              | ntal expenses  | 11.             | \$             | 60.00                    |
|     |                  |                                | Include gas, maintenance, bus or train fare.   |                 |                |                          |
|     |                  |                                | ar payments.   | 12.             | ·              | 300.00                   |
| 13. | Ente             | rtainment,                     | clubs, recreation, newspapers, magazines, and books  | 13.             | \$             | 65.00                    |
| 14. | Char             | itable cont                    | ributions and religious donations  | 14.             | \$             | 0.00                     |
| 15. | Insur            |                                |  |                 |                |                          |
|     |                  |                                | nsurance deducted from your pay or included in lines 4 or 20.  | 45-             | <b>c</b>       |                          |
|     |                  | Life insura                    |  | 15a.            | *              | 0.00                     |
|     |                  | Health ins                     |  | 15b.            |                | 0.00                     |
|     |                  | Vehicle ins                    |  | 15c.            |                | 113.00                   |
|     |                  |                                | urance. Specify:   | 15d.            | \$             | 0.00                     |
| 16. |                  |                                | clude taxes deducted from your pay or included in lines 4 or 20.   | 16              | ¢.             | 0.00                     |
| 17  | Spec             |                                |  | 16.             | <b>&gt;</b>    | 0.00                     |
| 17. |                  |                                | ease payments:<br>ents for Vehicle 1   | 17a.            | ¢              | 384.00                   |
|     |                  | . ,                            | ents for Vehicle 2   | 17a.<br>17b.    | *              | 0.00                     |
|     |                  | Other. Spe                     | o cifu   | 17b.            |                | 0.00                     |
|     |                  | Other. Spe                     |  | 17d.            | *              | 0.00                     |
| 10  |                  |                                | of alimony, maintenance, and support that you did not report as  | _ 174.          | Ψ              | 0.00                     |
| 10. |                  |                                | your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 6I).   | 18.             | \$             | 0.00                     |
| 19. |                  |                                | s you make to support others who do not live with you.   |                 | \$             | 0.00                     |
|     | Spec             |                                | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  | 19.             | ·              |                          |
| 20. |                  |                                | erty expenses not included in lines 4 or 5 of this form or on Sched  | lule I: Y       | our Income.    |                          |
|     |                  |                                | s on other property  | 20a.            |                | 0.00                     |
|     |                  | Real estat                     |  | 20b.            | \$             | 0.00                     |
|     | 20c.             | Property, h                    | homeowner's, or renter's insurance   | 20c.            | \$             | 0.00                     |
|     | 20d.             | Maintenan                      | nce, repair, and upkeep expenses   | 20d.            | \$             | 0.00                     |
|     | 20e.             | Homeown                        | er's association or condominium dues   | 20e.            | \$             | 0.00                     |
| 21. | Othe             | r: Specify:                    | Emergency funds  | 21.             | +\$            | 50.00                    |
|     |                  |                                |  | _               | •              |                          |
| 22. |                  | -                              | xpenses. Add lines 4 through 21.   | 22.             | \$             | 2,552.00                 |
| 00  |                  | •                              | ir monthly expenses.   |                 |                |                          |
| 23. |                  | •                              | monthly net income. 12 (your combined monthly income) from Schedule I.   | 23a.            | œ.             | 2 200 20                 |
|     |                  |                                | monthly expenses from line 22 above.   | 23a.<br>23b.    | · · —          | 2,860.00                 |
|     | 230.             | Copy your                      | monthly expenses normalie 22 above.  | 230.            | -Ф             | 2,552.00                 |
|     | 23c              | Subtract v                     | your monthly expenses from your monthly income.  |                 |                |                          |
|     | 200.             |                                | is your monthly net income.  | 23c.            | \$             | 308.00                   |
|     |                  | 100011                         | , ,  |                 |                |                          |
| 24. | For ex<br>modifi | cample, do yo ication to the t | an increase or decrease in your expenses within the year after you be expect to finish paying for your car loan within the year or do you expect your mosterms of your mortgage? |                 |                | or decrease because of a |
|     | ■ No             | 0.                             |  |                 |                |                          |
|     | ☐ Ye<br>Expla    |                                |  |                 |                |                          |

Filed 06/01/15 Entered 06/01/15 17:12:09 Desc Main Case 15-32838-KRH Doc 1 Document Page 28 of 46

B6 Declaration (Official Form 6 - Declaration). (12/07)

### **United States Bankruptcy Court**

|       |                   | <u>g</u>  |          |    |  |
|-------|-------------------|-----------|----------|----|--|
| In re | Edith Karen Brown |           | Case No. |    |  |
|       |                   | Debtor(s) | Chapter  | 13 |  |

**Eastern District of Virginia** 

#### DECLARATION CONCERNING DEBTOR'S SCHEDULES

|      | DECLARATION U | JNDER PENALTY ( | OF PERJURY BY INDIVIDUAL DEBTOR                        |
|------|---------------|-----------------|--|
|      |               |                 | and the foregoing summary and schedules, consisting of |
| Date | June 1, 2015  | Signature       | /s/ Edith Karen Brown Edith Karen Brown Debtor         |

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

Case 15-32838-KRH Doc 1 Filed 06/01/15 Entered 06/01/15 17:12:09 Desc Main Document Page 29 of 46

B7 (Official Form 7) (04/13)

#### United States Bankruptcy Court Eastern District of Virginia

| In re | Edith Karen Brown |           | Case No. |    |
|-------|-------------------|-----------|----------|----|
|       |                   | Debtor(s) | Chapter  | 13 |

#### STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

#### **DEFINITIONS**

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

#### 1. Income from employment or operation of business

None

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

\$18,341.26 2015 Income YTD

\$31,175.00 2014 Income from 1040 \$29,015.00 2013 Income from 1040

#### 2. Income other than from employment or operation of business

None

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

### Case 15-32838-KRH Doc 1 Filed 06/01/15 Entered 06/01/15 17:12:09 Desc Main Document Page 30 of 46

B7 (Official Form 7) (04/13)

2

#### 3. Payments to creditors

None

Complete a. or b., as appropriate, and c.

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR DATES OF PAYMENTS

AMOUNT PAID

AMOUNT STILL OWING

None

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225\*. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DATES OF PAYMENTS/ TRANSFERS AMOUNT PAID OR VALUE OF TRANSFERS

AMOUNT STILL OWING

NAME AND ADDRESS OF CREDITOR

one c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR

DATE OF PAYMENT

AMOUNT PAID

AMOUNT STILL OWING

#### 4. Suits and administrative proceedings, executions, garnishments and attachments

None

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT
AND CASE NUMBER
Michael Wayne Investment Co. v. Edith Brown
GV15012050-00

NATURE OF PROCEEDING Warrant in Debt COURT OR AGENCY AND LOCATION Virginia Beach GDC 2425 Nimmo Pkwy Virginia Beach, VA 23456 STATUS OR
DISPOSITION
Hearing to be
held:
6/29/2015 @
10:00 am
Judgment
Principal:
\$7.839.02

None

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED

DATE OF SEIZURE

DESCRIPTION AND VALUE OF PROPERTY

<sup>\*</sup> Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Case 15-32838-KRH Doc 1 Filed 06/01/15 Entered 06/01/15 17:12:09 Desc Main Document Page 31 of 46

B7 (Official Form 7) (04/13)

3

#### 5. Repossessions, foreclosures and returns

None

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER Michael Wayne PO Box 8730 DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN January 2015

DESCRIPTION AND VALUE OF PROPERTY

2003 Chrysler 300M

Michael Wayne PO Box 8730 Legal Department Virginia Beach, VA 23450

#### 6. Assignments and receiverships

None

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE

DATE OF ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT

None

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS

OF CUSTODIAN

NAME AND LOCATION

OF COURT CASE TITLE & NUMBER

DESCRIPTION AND VALUE OF

PROPERTY

7. Gifts

None

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION

RELATIONSHIP TO DEBTOR, IF ANY

DATE OF GIFT

DATE OF

ORDER

DESCRIPTION AND VALUE OF GIFT

8. Losses

None

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY

DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS

DATE OF LOSS

#### 9. Payments related to debt counseling or bankruptcy

None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR AMOUNT OF MONEY
OR DESCRIPTION AND VALUE
OF PROPERTY

#### Case 15-32838-KRH Doc 1 Filed 06/01/15 Entered 06/01/15 17:12:09 Desc Main Document Page 32 of 46

B7 (Official Form 7) (04/13)

AMOUNT OF MONEY DATE OF PAYMENT, NAME AND ADDRESS NAME OF PAYER IF OTHER OR DESCRIPTION AND VALUE OF PAYEE THAN DEBTOR OF PROPERTY

America Law Group, Inc. 5/22/2014

\$457 paid to pre-filing 8501 Mayland Dr. expenses: \$310 filing fee, \$147 attorney's fees. \$5,050 Suite 106 Henrico, VA 23294 promised toward overall

attorney's fees.

**CIN Legal Data Services** 4540 Honeywell Ct. Dayton, OH 45424

5/29/2015 \$33 for credit report

Access Counseling 633 W 5th St Suite 26001 Los Angeles, CA 90071

5/2/2015 \$15 for credit counseling

#### 10. Other transfers

None

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE. RELATIONSHIP TO DEBTOR

DESCRIBE PROPERTY TRANSFERRED DATE AND VALUE RECEIVED

b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER

AMOUNT OF MONEY OR DESCRIPTION AND DATE(S) OF DEVICE VALUE OF PROPERTY OR DEBTOR'S INTEREST

TRANSFER(S) IN PROPERTY

#### 11. Closed financial accounts

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION

TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER. AND AMOUNT OF FINAL BALANCE

AMOUNT AND DATE OF SALE OR CLOSING

#### 12. Safe deposit boxes

None

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY

NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY

DESCRIPTION OF CONTENTS DATE OF TRANSFER OR SURRENDER, IF ANY

#### 13. Setoffs

None 

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### Case 15-32838-KRH Doc 1 Filed 06/01/15 Entered 06/01/15 17:12:09 Desc Main Document Page 33 of 46

B7 (Official Form 7) (04/13)

NAME AND ADDRESS OF CREDITOR

DATE OF SETOFF

AMOUNT OF SETOFF

#### 14. Property held for another person

None

List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER

DESCRIPTION AND VALUE OF PROPERTY

LOCATION OF PROPERTY

#### 15. Prior address of debtor

None

If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS NAME USED DATES OF OCCUPANCY

#### 16. Spouses and Former Spouses

None

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

**NAME** 

#### 17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DATE OF NOTICE

**ENVIRONMENTAL** 

LAW

None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DATE OF NOTICE

**ENVIRONMENTAL** 

LAW

None

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DOCKET NUMBER

STATUS OR DISPOSITION

### Case 15-32838-KRH Doc 1 Filed 06/01/15 Entered 06/01/15 17:12:09 Desc Main Document Page 34 of 46

B7 (Official Form 7) (04/13)

6

#### 18. Nature, location and name of business

None

a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN ADDRESS

BEGINNING AND NATURE OF BUSINESS ENDING DATES

None

NAME

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME ADDRESS

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

#### 19. Books, records and financial statements

None

a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

#### NAME AND ADDRESS

DATES SERVICES RENDERED

None b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME

ADDRESS

DATES SERVICES RENDERED

None

c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME

ADDRESS

None d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was

NAME AND ADDRESS DATE ISSUED

issued by the debtor within **two years** immediately preceding the commencement of this case.

Case 15-32838-KRH Doc 1 Filed 06/01/15 Entered 06/01/15 17:12:09 Desc Main Document Page 35 of 46

B7 (Official Form 7) (04/13)

7

#### 20. Inventories

None

a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)

Mono h List

b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS

DATE OF INVENTORY

#### 21. Current Partners, Officers, Directors and Shareholders

None

a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

NATURE OF INTEREST

PERCENTAGE OF INTEREST

None b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns,

controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS

TITLE

NATURE AND PERCENTAGE OF STOCK OWNERSHIP

#### 22. Former partners, officers, directors and shareholders

None

a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME

None

**ADDRESS** 

DATE OF WITHDRAWAL

b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS

TITLE

DATE OF TERMINATION

#### 23. Withdrawals from a partnership or distributions by a corporation

None

If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR

DATE AND PURPOSE OF WITHDRAWAL

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

#### 24. Tax Consolidation Group.

None

If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER (EIN)

Case 15-32838-KRH Doc 1 Filed 06/01/15 Entered 06/01/15 17:12:09 Desc Main Document Page 36 of 46

B7 (Official Form 7) (04/13)

Q.

#### 25. Pension Funds.

None

If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

\* \* \* \* \* \*

#### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date June 1, 2015

Signature /s/ Edith Karen Brown
Edith Karen Brown
Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

Case 15-32838-KRH Doc 1 Filed 06/01/15 Entered 06/01/15 17:12:09 Desc Main Document Page 37 of 46

Form B203

6.

2014 USBC, Eastern District of Virginia

### **United States Bankruptcy Court Eastern District of Virginia**

| n re Edith Karen Brown  |                          | Case No.    |                                 |
|---|--------------------------|-------------|---------------------------------|
| Debto   | or(s)                    | Chapter     | 13                              |
| DISCLOSURE OF COMPENSATION  IN A CHAPTER  (for use in the Richmon   | R 13 CASE                |             | <u>DEBTOR</u>                   |
| Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I cer compensation paid to me, for services rendered or to be rendered on bankruptcy case is as follows:  |                          |             |                                 |
| For legal services, I have agreed to accept   | \$                       |             | 5,050.00                        |
| Prior to the filing of this statement I have received   |                          |             | 147.00                          |
| Balance Due   | \$                       |             | 4,903.00                        |
| \$310.00 of the filing fee has been paid.   |                          |             |                                 |
| The source of the compensation paid to me was:  |                          |             |                                 |
| ■ Debtor □ Other (specify)  |                          |             |                                 |
| The source of compensation to be paid to me is:   |                          |             |                                 |
| ■ Debtor $\square$ Other (specify)  |                          |             |                                 |
| ■ I have not agreed to share the above-disclosed compensation with any  | y other person unless th | ney are mem | bers and associates of my law f |
| ☐ I have agreed to share the above-disclosed compensation with a personal transfer of the perso | on or persons who are r  | not members | or associates of my law firm.   |

- 7. I am electing to request compensation and reimbursement of expenses in this case:
  - a. In accordance with the "no-look" fee set forth in Local Bankruptcy Rule 2016-1(C)(1)(a) and (C)(3)(a).

copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

b.  $\square$  By submitting applications for compensation in the manner set forth in Local Bankruptcy Rule 2016-1(C)(1)(c)(ii).

An attorney for the debtor that fails to make the election to request compensation pursuant to Local Bankruptcy Rule 2016-1(C)(1)(a) and (C)(3)(a) at the commencement of the case will be deemed to have elected to request compensation in the manner set forth within Local Bankruptcy Rule 2016-1(C)(1)(c)(ii).

In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, as required by Local

Bankruptcy Rule 2016-1(C)(3).

Case 15-32838-KRH Doc 1 Filed 06/01/15 Entered 06/01/15 17:12:09 Desc Main

Form B203

Document Page 38 of 46 2014 USBC, Eastern District of Virginia

#### **CERTIFICATION**

I certify that the foregoing is an accurate statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

June 1, 2015

Date

/s/ Richard J. Oulton for America Law Group Richard J. Oulton for America Law Group Signature of Attorney

America Law Group, Inc. dba Debt Law Group

Name of Law Firm

America Law Group, Inc. dba Debt Law Group
8501 Mayland Dr., Ste 106

Henrico, VA 23294
804-308-0051 Fax: 804-308-0053

# NOTICE TO DEBTOR(S), STANDING CHAPTER 13 TRUSTEE AND UNITED STATES TRUSTEE PURSUANT TO LOCAL BANKRUPTCY RULE 2016-1(C) AND CLERK'S CM/ECF POLICY 9

Notice is hereby given that pursuant to Local Bankruptcy Rule 2016-1(C), you must file an objection with the court to the fees requested in this disclosure of compensation opposing said fees in their entirety, or in a specific amount, no later than the last day for filing objections to confirmation of the chapter 13 plan.

#### PROOF OF SERVICE

The undersigned hereby certifies that on this date the foregoing Notice was served upon the debtor(s), the standing Chapter 13 trustee, and U. S. trustee pursuant to Local Bankruptcy Rule 2016-1(C) and the Clerk's CM/ECF Policy 9, either electronically or in paper form (first class mail).

June 1, 2015

Date

/s/ Richard J. Oulton for America Law Group Richard J. Oulton for America Law Group Signature of Attorney

### UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF VIRGINIA

### NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

#### 1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

#### 2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

#### Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total Fee \$335)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

### <u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total Fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over

### Case 15-32838-KRH Doc 1 Filed 06/01/15 Entered 06/01/15 17:12:09 Desc Main Document Page 40 of 46

Form B 201A, Notice to Consumer Debtor(s)

Page 2

a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

#### Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total Fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

#### Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total Fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

#### 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

Case 15-32838-KRH Doc 1 Filed 06/01/15 Entered 06/01/15 17:12:09 Desc Main Document Page 41 of 46

B 201B (Form 201B) (12/09)

#### United States Bankruptcy Court Eastern District of Virginia

|        | East  | ern District of Virginia                                     |                       |                           |   |
|--------|---|--|-----------------------|---------------------------|---|
| In re  | Edith Karen Brown                                   |  | Case No.              |                           |   |
|        |   | Debtor(s)  | Chapter               | 3                         |   |
|        | · , ,   | NOTICE TO CONSUM<br>OF THE BANKRUPT<br>rtification of Debtor | ,                     | 5)                        |   |
| Code.  | I (We), the debtor(s), affirm that I (we) have rece | eived and read the attached n                                | otice, as required by | § 342(b) of the Bankruptc | У |
| Edith  | Karen Brown   | X /s/ Edith Kare   | n Brown               | June 1, 2015              |   |
| Printe | d Name(s) of Debtor(s)                              | Signature of D   | Debtor                | Date                      |   |
| Case 1 | No. (if known)                                      | X  |                       |                           |   |
|        |   | Signature of Jo  | oint Debtor (if any)  | Date                      |   |

Instructions: Attach a copy of Form B 201 A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) only if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

1643 Harrison Pkwy Ste 1 Sunrise, FL 33323

Account reasontile 32838 KRH Doc 1 Eastiled A6/OH/15 vst Entoned 06/01/15 17:17:109cal Desection inc APP OSUMPOSTCY Bage 42 of 46 PO Box 837 Newtown, CT 06470

7301 Forest Ave, Suite 302 Richmond, VA 23226

Amca 2269 S Saw Mill Elmsford, NY 10523

Emergency Physicians Tidewater 992 First Colonial Rd Virginia Beach, VA 23452

Nissan Motor Acceptanc P.O. Box 660366 Dallas, TX 75266

Ars /Account Resolution Services 1643 Harrison Pkwy Ste 1 Sunrise, FL 33323

First Premier Bank 3820 N Louise Ave Sioux Falls, SD 57107 NRHA t/a Oakmont North Apts 1324 B-4 Johnston's Rd. Norfolk, VA 23513

Ars /Account Resolution Svcs 1643 Harrison Pkwy Ste 1 Sunrise, FL 33323

Focus Recovery Solutions Attn: Bankruptcy 9701 Metropolitan Court Ste B Richmond, VA 23236

Patient First PO Box 758941 Baltimore, MD 21275

Bullcity Financial Sol 1107 W Main St Ste 201 Durham, NC 27701

Fredericksburg Credit Bureau 10506 Wakeman Dr Fredericksburg, VA 22407

Patrick McKenna, Esq. PO Box 3018 Chesapeake, VA 23327

Comcast 5401 Staples Mill Road Henrico, VA 23228-5421 Internal Revenue Service Insolvency Unit PO Box 7346 Philadelphia, PA 19101-7346 Radiology Associates of Rchmnd 2602 Buford Road Richmond, VA 23235

Credit Control Corp 11821 Rock Landing Dr Newport News, VA 23606 LCA Collections PO Box 2240 Burlington, NC 27216-2240

Receivable Management 7206 Hull Street Rd Ste North Chesterfield, VA 23235

Credit Control Corp 11821 Rock Landing Dr re: Medical Center Radiology Newport News, VA 23606

Michael Wayne Investment Legal Department 2900 Sabre St. Ste 75 Virginia Beach, VA 23452

SE Emergency Physicians 3920 Dutchmans Ln Louisville, KY 40207

Drive Time 9301 Midlothian Tnpk Richmond, VA 23235

MRI-CT Diagnosis 4668 Pembroke Blvd Virginia Beach, VA 23455 Skipwith Road Emergency Phys 1602 Skipwith Rd Henrico, VA 23229

Durham County Emer Svcs 200 E Main St. Durham, NC 27701

Navy Federal Cr Union PO Box 3700 Merrifield, VA 22119

Sykes, Bourdon, Ahern & Levy 281 Independence Blvd Pembroke 1 Building, 5th Floor Virginia Beach, VA 23462

 Verizon
 Case 15-32838-KRH
 Doc 1
 Filed 06/01/15
 Entered 06/01/15 17:12:09
 Desc Main

 500 Technology Dr Ste 30
 Document
 Page 43 of 46

 Weldon Spring, MO 63304
 Page 43 of 46

| Fill in this information to identify your case: |   |   |  |  |  |  |  |
|---|---|---|--|--|--|--|--|
| Debtor 1  | Edith Karen Brown                                     |   |  |  |  |  |  |
| Debtor 2<br>(Spouse, if filing                  | )   | _ |  |  |  |  |  |
| United States Ba                                | ankruptcy Court for the: Eastern District of Virginia | - |  |  |  |  |  |
| Case number<br>(if known)                       |   |   |  |  |  |  |  |

| Chec | k as directed in lines 17 and 21:                                    |  |  |  |  |  |  |
|------|--|--|--|--|--|--|--|
|      | According to the calculations required by this Statement:            |  |  |  |  |  |  |
|      | 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3). |  |  |  |  |  |  |
|      | Disposable income is determined under 11 U.S.C. § 1325(b)(3).        |  |  |  |  |  |  |
|      | 3. The commitment period is 3 years.                                 |  |  |  |  |  |  |
|      | 4. The commitment period is 5 years.                                 |  |  |  |  |  |  |

☐ Check if this is an amended filing

#### Official Form 22C-1

# **Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period**

12/14

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

- 1. What is your marital and filing status? Check one only.
  - Not married, Fill out Column A, lines 2-11.
  - ☐ Married. Fill out both Columns A and B. lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

| in you have nothing to report for any line, write to in the space.  |   |                   |          |  |
|---|---|-------------------|----------|--|
|   |   | Column A Debtor 1 |          | Column B Debtor 2 or non-filing spouse |
| <ol><li>Your gross wages, salary, tips, bonuses, overtime, and c<br/>all payroll deductions).</li></ol>   | commissions (before                                 | \$                | 3,758.31 | \$                                     |
| <ol> <li>Alimony and maintenance payments. Do not include paym<br/>Column B is filled in.</li> </ol>  | nents from a spouse if                              | \$                | 0.00     | \$                                     |
| 4. All amounts from any source which are regularly paid for<br>of you or your dependents, including child support. Inclu<br>from an unmarried partner, members of your household, you<br>and roommates. Include regular contributions from a spouse<br>filled in. Do not include payments you listed on line 3. | ide regular contribution:<br>r dependents, parents, | S                 | 0.00     | \$                                     |
| 5. Net income from operating a business, profession, or far   | rm  |                   |          |  |
| Gross receipts (before all deductions) \$   | 0.00  |                   |          |  |
| Ordinary and necessary operating expenses -\$   | 0.00  |                   |          |  |
| Net monthly income from a business, profession, or farm \$ _  | 0.00 Copy here                                      | ·> \$             | 0.00     | \$                                     |
| 6. Net income from rental and other real property Gross receipts (before all deductions)  Ordinary and necessary operating expenses  -\$  | 0.00  |                   |          |  |
| Net monthly income from rental or other real property \$ _  | 0.00 Copy here                                      | > \$              | 0.00     | \$                                     |

Official Form 22C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

### Case 15-32838-KRH Doc 1 Filed 06/01/15 Entered 06/01/15 17:12:09 Desc Main Document Page 45 of 46

| Debtor 1       | Edith Karen Brown  |             | Case number       | (if known) |                              |             |  |
|----------------|--|-------------|-------------------|------------|------------------------------|-------------|--|
|                |  |             | Column A Debtor 1 |            | Column<br>Debtor<br>non-fili |             | e                                      |
| 7. <b>In</b>   | terest, dividends, and royalties   |             | \$                | 0.00       | \$                           |             |  |
| 8. <b>U</b> ı  | nemployment compensation   |             | \$                | 0.00       | \$                           |             | <u> </u>                               |
|                | o not enter the amount if you contend that the amount received was a beneficier the Social Security Act. Instead, list it here:  | fit         |                   |            |                              |             | _                                      |
|                | · · · · · · · · · · · · · · · · · · ·  | 00          |                   |            |                              |             |  |
|                | For you \$ 0.0   |             |                   |            |                              |             |  |
| 9. <b>P</b> 6  | ension or retirement income. Do not include any amount received that water enefit under the Social Security Act.   | s a         | \$                | 0.00       | \$                           |             |  |
| Do<br>re<br>do | come from all other sources not listed above. Specify the source and are not include any benefits received under the Social Security Act or paymer ceived as a victim of a war crime, a crime against humanity, or international omestic terrorism. If necessary, list other sources on a separate page and putal on line 10c. | nts<br>I or |                   |            |                              |             |  |
|                | 10a  |             | \$                | 0.00       | \$                           |             |  |
|                | 10b.   |             | \$                | 0.00       | \$                           |             | <del></del>                            |
|                | 10c. Total amounts from separate pages, if any.  | +           | \$                | 0.00       | \$                           |             | <del></del>                            |
|                | alculate your total average monthly income. Add lines 2 through 10 for ach column. Then add the total for Column A to the total for Column B.  Determine How to Measure Your Deductions from Income  |             | 3,758.31          | + \$ _     |                              | ]=[\$_      | 3,758.31  Total average monthly income |
| 13. <b>C</b> a | - Tod are not married. I ill ill o on illio od.  |             |                   |            |                              | \$ <u> </u> | 3,758.31                               |
|                | - · · · · · · · · · · · · · · · · · · ·  |             |                   |            |                              |             |  |
|                | You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NO dependents, such as payment of the spouse's tax liability or the spouse' In lines 13a-c, specify the basis for excluding this income and the amoun adjustments on a separate page.           | s suppo     | ort of someon     | e other tl | nan you or                   | your depe   | endents.                               |
|                | If this adjustment does not apply, enter 0 on line 13d.  |             |                   |            |                              |             |  |
|                | 13a  | \$          |                   |            |                              |             |  |
|                | 13b  | \$          |                   |            |                              |             |  |
|                | 13c  | +\$         |                   | _          |                              |             |  |
|                | 13d. Total   | \$          | 0.00              | <u>0</u> c | py here=>                    | 13d         | 0.00                                   |
| 14. <b>\</b>   | Your current monthly income. Subtract line 13d from line 12.   |             |                   |            |                              | 14. \$      | 3,758.31                               |
|                | Calculate your current monthly income for the year. Follow these steps:  |             |                   |            |                              |             | 2.750.24                               |
| 1              | 15a. Copy line 14 here=>   |             |                   |            |                              | 15a. \$_    | 3,758.31                               |
|                | Multiply line 15a by 12 (the number of months in a year).  |             |                   |            |                              | <u>,</u>    | 12                                     |
| 1              | 15b. The result is your current monthly income for the year for this part of t   | he form     | l.                |            |                              | 15b. \$_    | 45,099.72                              |

Case 15-32838-KRH Doc 1 Filed 06/01/15 Entered 06/01/15 17:12:09 Desc Main Document Page 46 of 46

| tor 1  | Edith Karen Brown  | ase number (if known)  |   |
|--------|--|--|---|
| 6. Cal | Iculate the median family income that applies to you. Follow these steps:  |  |   |
|        |  |  |   |
| 16b    | b. Fill in the number of people in your household.   |  |   |
| 16c    | c. Fill in the median family income for your state and size of household.  | 160  | c. \$ 53,287.00   |
|        | To find a list of applicable median income amounts, go online using the link specified                                       | d in the separate  | · · · · · · · · · · · · · · · · · · ·   |
| . Hov  | w do the lines compare?  |  |   |
| 17a    |  |  |   |
| 17b    |  |  |   |
| t 3:   | Calculate Your Commitment Period Under 11 U.S.C. §1325(b)(4)   |  |   |
| Cop    | py your total average monthly income from line 11 .  | 18.  | \$3,758.31  |
| con    | ntend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you   |  |   |
| If th  | ne marital adjustment does not apply, fill in 0 on line 19a.   | 19a  | a\$0.00   |
|        |  |  |   |
| Sub    | btract line 19a from line 18.  | 19b  | b. \$ 3,758.31  |
| Cal    | Iculate your current monthly income for the year. Follow these steps:  |  |   |
| 20a    | a. Copy line 19b   | 20a  | a. \$ 3,758.31  |
|        | Multiply by 12 (the number of months in a year).   |  | <b>x</b> 12   |
|        |  |  |   |
| 20b    | b. The result is your current monthly income for the year for this part of the form  | <b>20</b> b  | b. \$ 45,099.72   |
|        |  |  |   |
| 200    | Convitte median family income for your state and size of household from line 4Co.  |  | \$ 53,287.00  |
| 200    | c. Copy the median family income for your state and size of household from line Toc  |  | 33,237.00   |
| 21.    | How do the lines compare?  |  |   |
|        | ■ Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top period is 3 years. Go to Part 4.         | p of page 1 of this form, chec   | ck box 3, The commitment  |
|        | ☐ Line 20b is more than or equal to line 20c. Unless otherwise ordered by the coccommitment period is 5 years. Go to Part 4. | urt, on the top of page 1 of th  | nis form, check box 4, The  |
| t 4:   | Sign Below   |  |   |
| By s   |  | and in any attachments is tru  | ue and correct.   |
|        |  |  |   |
|        |  |  |   |
| •      | June 1, 2015   |  |   |
| J£     | MM / DD / YYYY   |  |   |
| •      |  | copy your current monthly inc  | come from line 14 above   |
|        | 166 166 166 176 176 176 176 176 176 176  | Calculate the median family income that applies to you. Follow these steps:  16a. Fill in the state in which you live.  VA  16b. Fill in the number of people in your household.  1 16c. Fill in the median family income for your state and size of household.  To find a list of applicable median income amounts, go online using the link specific instructions for this form. This list may also be available at the bankruptcy clerk's off.  How do the lines compare?  17a. Line 15b is less than or equal to line 16c. On the top of page 1 of this form, of 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Disposal 17b. Line 15b is more than line 16c. On the top of page 1 of this form, check box 1225(b)(3). Go to Part 3 and fill out Calculation of Disposable Income (Courrent monthly income from line 14 above.  13: Calculate Your Commitment Period Under 11 U.S.C. §1325(b)(4)  Copy your total average monthly income from line 11.  Deduct the marital adjustment if it applies. If you are married, your spouse is not filing contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you spouse's income, copy the amount from line 13d.  If the marital adjustment does not apply, fill in 0 on line 19a.  Subtract line 19a from line 18.  Calculate your current monthly income for the year. Follow these steps:  20a. Copy line 19b  Multiply by 12 (the number of months in a year).  20b. The result is your current monthly income for the year for this part of the form  20c. Copy the median family income for your state and size of household from line 16c.  21. How do the lines compare?  Line 20b is less than line 20c. Unless otherwise ordered by the court, on the toperiod is 3 years. Go to Part 4.  Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court.  Cisj Below  By signing here, under penalty of perjury I declare that the information on this statement of the court.  (Is feltih Karen Brown  Signature of Debtor 1  Date June 1, 2015  MM / DD / YYYYY  If you checked 17a, do NOT | Calculate the median family income that applies to you. Follow these steps:  16a. Fill in the state in which you live.  VA  16b. Fill in the median family income for your state and size of household.  To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.  How do the lines compare?  17a. Line 15b is more than or equal to line 16c. On the top of page 1 of this form, check box 1, Disposable income 17 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Disposable income (Official Form 22 17b.  Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, Disposable income (official Form 22 17c.). On line current monthly income from line 14 above.  Calculate Your Commitment Period Under 11 U.S.C. §1325(b)(4)  Copy your total average monthly income from line 11.  Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 14 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 18d.  19a.  Subtract line 19a from line 18.  19b.  Calculate your current monthly income for the year. Follow these steps:  20a. Copy line 19b.  Multiply by 12 (the number of months in a year).  20b. The result is your current monthly income for the year for this part of the form  20c. Copy the median family income for your state and size of household from line 16c.  21. How do the lines compare?  Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, che period is 3 years. Go to Part 4.  41: Sign Below  By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true.  (*Ide Lithk Karen Brown Egipting here, under penalty of |